

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 565716 (8)

1. Corporation Name

THE AUDIOLOGY AND VESTIBULAR CENTER AT KENDALL,
INC.

Principal Place of Business

Mailing Address

9150 S.W. 87TH AVE.
SUITE 103
MIAMI FL 33176-2300

9150 S.W. 87TH AVE.
SUITE 103
MIAMI FL 33176-2300



3. Date Incorporated or Qualified

01/30/1978

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIGHT, MALCOLM H., II, M.A.
9150 SW 87TH AVENUE #103
MIAMI FL 33176

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

DELETE

NAME

LIGHT, MALCOLM H II, MA

STREET ADDRESS

9150 SW 87TH AVE

CITY - ST - ZIP

MIAMI FL

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

Malcolm H. Light II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MALCOLM H. LIGHT II 1-17-96 305-595-1530
Date Daytime Phone

CR2E034 (12/95)